

108000024369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 707 6.71

Office Use Only

108-24369



000131343090

06/24/08--01032--005 \*\*43.75

FILED

08 JUL - 7 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL - 8 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Santelices Financial Services, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Santelices  
(Name of Person)  
Santelices Financial Services, LLC  
(Firm/Company)  
208 NW 79 Terr.  
(Address)  
Margate, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Santelices at (954) 804 0691  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL - 7 AM 10:11

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2008

GARY SANTELICES  
208 NW 79 TERR.  
MARGATE, FL 33062

SUBJECT: SANTELICES FINANCIAL SERVICES, LLC.  
Ref. Number: L08000024369

We have received your document for SANTELICES FINANCIAL SERVICES, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 408A00038287

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL - 7 AM 10:11

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Santelices Financial Services, LLC.

2. The Articles of Organization were filed on March, 7, 2008 and assigned document number

L08000024369

3. The date the dissolution was approved: June 20, 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

As officer for above referenced LLC  
I wish to dissolve said corporation.

**5. CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

Gary Santelices